MISSOURI MONTHLY VITAL STATISTICS

Provisional Statistics

From The

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Focus. . . Statewide Quality of Care Results from the 1999 Consumer's Guides to Missouri Managed Care

As part of its mission to protect and promote the health of Missourians, the Department of Health (DOH) publishes the *Show Me Buyer's and Consumer's Guides* on managed care organizations in the state. The Guides' primary objective is to assist health care consumers make informed choices regarding managed care through reports on the quality of care, access to care and member satisfaction.

DOH uses nationally accepted indicators, surveys and methods, with technical guidance from the National Committee for Quality Assurance (NCQA).[1] Among other measures, NCQA employs the Health Plan Employer Data and Information Set (HEDIS®)*, a tool consisting of a set of standardized measures designed to allow for reliable comparisons of the performance of managed care organizations (MCOs).

The data for this year's guide were presented in three separate categories of reports for each type of Managed Care payer: commercial, Medicare and Medicaid (now called MC+). Only plans that filed performance and satisfaction data for the full reporting year were included. This article compares the quality of care measures reported in these guides by payer type.

HEDIS Quality Performance Measurements

For 1999, DOH chose a limited number of HEDIS® indicators that commercial managed care plans in Missouri would be required to report. These were the percentages of :

- enrolled women (ages 52- 62) having breast cancer screenings within a specified time
- diabetics referred annually for eye exams
- enrollees, hospitalized for treatment of certain mental health disorders, receiving follow-up care within 30 days of discharge

*** HEDIS® is a registered trademark of the National Committee for Quality Assurance.**

- continuously enrolled children turning two years of age during the reporting year receiving the recommended age appropriate immunizations, including Hepatitis B.

Data on the first three measures were also required from the Medicare MCOs. Data collection for these measures was performed by NCQA-licensed firms contracted by the Health Care Financing Administration (HCFA).

Selection of the two quality indicators used for the MC+ plans was done in collaboration with the Department of Social Services, Division of Medical Services. The indicators used were the childhood immunization status described above and the percentage of women, ages 21 to 64, who received a Pap smear test for cervical cancer screening in the past three years.

Commercial Managed Care Performance Measures

Commercial managed care plans in Missouri, in general, remained below the national averages reported by NCQA on the selected HEDIS indicators.[2] (See Table 1) Nationally, 72 percent of women in commercial managed care had breast cancer screenings, compared to 66 percent of women enrolled in Missouri commercial managed care plans. Thus, approximately one-third of women who were eligible to have mammograms or clinical breast examinations failed to have this type of health screening. Though both rates rose slightly from the previous year, diabetes eye care to prevent blindness also lagged behind the national experience. The average U.S. managed care plan referred 41 percent of diabetics for eye exams; Missouri managed care averaged only 32 percent. Sixty-seven (67) percent of patients hospitalized nationally for mental health disorders received follow-up treatment after discharge compared to 62 percent at the state level. It should be noted, though, that Missouri's managed care rate rose five percentage points from the previous year though the nation's rate remained static.

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The *Healthy People 2000 (HP 2000)*[3] goal for childhood immunization is for 90 percent of children under two years of age to receive all of their basic immunizations at the appropriate time. Actual childhood immunization rates were 61% nationally and 45% for Missouri plans. Possible reasons for low performance are discussed below along with the MC+ reported rate.

A basic premise of managed care is that members, physicians and plans share a joint responsibility to assure utilization of preventive services that can improve health status and reduce overall health care costs. However, under-utilization of such services appears to exist in managed care for Missouri when benchmarked against U.S. data. As revealed by the indicator rates reported above, there is a range of 33% to 68% under-utilization of the preventive care health services. Generally, though, the seventeen accredited plans in Missouri have a higher average rate of providing preventive services than the nine non-accredited plans. This disparity was especially apparent for childhood immunizations (50 % vs. 36%), mental health hospitalization follow-ups (66% vs. 57%) and diabetic eye exams (35% vs. 27%).

Because national averages are unavailable for Medicare managed care, medians (the midpoint of the rates ordered from high to low) were used as an alternative comparison measure. The national medians for breast cancer screening, diabetic eye exams and mental health hospitalization follow-ups are, respectively, 74%, 54%, and 56%.

For the selected Medicare preventive services, the eligible Missouri managed care population shows a range of 28% to 54% under-utilization, smaller than seen with commercial plans. The five accredited Medicare plans in Missouri also have a higher average rate of providing preventive services than the four non-accredited plans. While the difference was small for breast cancer screening and mental health hospitalization follow-ups, the disparity was large for diabetic eye exams: 57% for accredited plans versus 38% for non-accreditated plans.

Table 1 1999 HEDIS Measure Average Rates for Missouri and U.S. Managed Care Plans

		Breast Cancer Screening		Diabetic Eye Exam		Mental Health Hospitalization Follow-up		Childhood Immunization Status		Cervical Cancer Screening	
		MO	U.S.	MO	U.S.	MO	U.S.	MO	U.S.	MO	U.S.
Commercial	%	66	72	32	41	62	67	45	61	--	--
Medicare	%	72	74†	49	54†	46	56†	--	--	--	--
MC+	%	--	--	--	--	--	--	25	--	52	--

† Medians reported for U.S. Medicare rates.
-- indicates measure was not required or not available.

Medicare Managed Care Performance Measures

For the indicators on breast cancer screening and diabetic referral for eye exams, the Missouri Medicare managed care plans were comparable to Medicare HMOs across the nation. However for both indicators, the Medicare plans outperformed the commercial plans in the state. (See Table 1) Seventy-two percent (72%) of women in the Medicare plans had a mammogram as part of their breast cancer screening versus 66% of commercial enrollees. For the state, this is up from 68% last year. Forty-nine percent (49%) of the diabetic patients in Medicare plans were referred for an annual eye exam, while only 32% of diabetic commercial enrollees were referred for this exam. The state's average increased seven percentage points over last year's rate.

In contrast, though, commercial plans did a much better job than Medicare plans on follow-up care for members hospitalized because of a mental health diagnosis (62% vs. 46%, respectively). Moreover, the Medicare plan average on this indicator dropped four percentage points from the previous year.

Medicaid Managed Care (MC+) Performance Measures

No comparable national data exists for HEDIS indicators. However, the *HP 2000* goal for women to receive a Pap test during the reporting year is 85 percent. This screening procedure was received by Missouri's eligible women at an average MC+ plan rate of only 52% (See Table 1). Though the results for Missouri were disappointing, the rate is up greatly from the 33% reported for the 1997 data year.

Childhood immunization rates are similarly worrisome compared to the *HP 2000* goal of 90 percent. Missouri's MC+ plans, in aggregate, achieved only a 25% immunization rate. One explanation for the low commercial and MC+ rates could be incomplete medical history records for children. A recently completed DOH database, called MOHSAIC, will begin addressing this problem by providing standardized data on childhood immunizations. Another issue, yet unresolved, is that though many children do have all their required shots by age two, many did not receive them at the scheduled time. As a consequence, these immunizations do not count as a successful event for the measurement purposes of the indicator.

Birth-Related Performance Measures

By linking birth record files and supplied enrollee data, the Department of Health was able to compute three of the birth-related HEDIS indicators for both MC+ and commercial managed care plans. These were used to calculate the percentage of continuously enrolled women who had a prenatal visit in the first trimester of their pregnancy, the percentage who delivered by cesarean section, and the percentage who delivered vaginally though previously having a cesarean section (VBAC).

Nationally, the commercial managed care rates for the birth-related measures were 84% for prenatal care, 21% for cesarean sections and 40% for VBAC, based on audited data provided to NCQA by the participating commercial plans (See Table 2). The national goals of *HP 2000* strive to have at least 90 percent of women getting prenatal care in the first trimester and not more than 15 percent delivering by cesarean section.

Statewide, the prenatal care rate in the first trimester for commercial managed care came in at an impressive 96%.

However, MC+ plans achieved an unimpressive 68% rate on early prenatal care for women. On the other hand, MC+ plans were five percentage points more likely to have a VBAC (32%) than commercial plans (27%) and four points less likely to have a cesarean section (18% vs. 22%, respectively). Only the state's VBAC rates were lower than the national commercial rate for both types of plans. It is interesting to note that most state rates on the birth related measures were stable from 1997 to 1998 except that, for the MC+ enrollees, the cesarean rate rose slightly and the VBAC rate fell four percentage points.

It was also possible for the DOH to calculate statewide rates on the birth-related measures for women *not* covered by a commercial or MC+ managed care plan *nor* by original Medicaid. Eighty-two percent (82%) of these women received early prenatal care, though they were either enrolled in a commercial fee for service plan, an employer-funded plan or had no health insurance. Although their cesarean rates were 21%, the VBAC rate for this group (30%) was slightly higher than commercial plan members. Rates for Medicaid patients were 21% for cesarean section and 26% for VBAC.

Overall, in comparing the four groups on the birth related indicators

- women enrolled in commercial managed care are more likely to receive early prenatal care,
- MC+ women are less likely to have a cesarean section, and
- MC+ women are more likely to have a vaginal birth after a prior cesarean (VBAC).

Summary

While the rates presented in this article are aggregated at the state level, the results suggest that most, if not all, Missouri managed care plans need to expand the provision of quality preventive care services to their members. Compared to U.S. data, Missouri plans as a group exhibited generally below average results for the quality of care measures.

Table 2 1999 HEDIS Birth-Linked Measure Average Rates for Missouri and U.S. Managed Care Plans and Other

		Early Prenatal Care		Cesarean Section		Vaginal Birth After Cesarean	
		MO	U.S.	MO	U.S.	MO	U.S.
Commercial	%	96	84	22	21	27	40
MC+	%	68	--	18	--	32	--
Medicaid	%	--	--	21	--	26	--
Non-Mgd Care/ Non-Medicaid	%	82	--	21	--	30	--

-- indicates not available.

The complete consumer guide booklets and brochures are available for $3.00 each and the brochures for $1.00 each from the Department of Health, Center for Health Information Management and Epidemiology, PO Box 570, Jefferson City, MO 65102-0579. Telephone: 573/526-2812. Fax: 573/751-6280. The publication may also be printed or downloaded at no charge from the department's web site: www.health.state.mo.us/

References:

[1]Information concerning the National Committee for Quality Assurance and HEDIS is based on "What is the National Committee for Quality Assurance?" on the web site of the National Committee for Quality Assurance at www.ncqa.org.

[2]NCQA national figures are taken from National Committee for Quality Assurance, QUALITY COMPASS™ 1999

[3]Healthy People 2000 national goals are references from US Dept of Health and Human Services, Public Health Service, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives.*

Provisional Vital Statistics for April 2000

Live births decreased in April as 5,346 Missouri babies were born compared with 6,630 one year earlier. Cumulative births for the first third of the year also shows a slight decrease. For the 12-months ending with April, there was no change in the birth rate.

Deaths decreased in April as 4,223 Missourians died compared with 4,519 in April 1999. For the 12 months ending with April, deaths increased by 1.8 percent from 54,026 to 54,951.

The **Natural increase** in April was 1,123 (5,346 births minus 4,223 deaths). This compares with a natural increase of 2,111 in April 1999.

Marriages decreased in April, but increased for the cumulative 4- and 12-month periods ending with April.

Dissolutions of marriage increased for all three time periods shown in the table below.

Infant deaths decreased in April as 43 Missouri infants died compared to 63 in April 1999. For the first third of the year the infant death rate was 7.9 per 1,000 live births, the same as the previous year.

PROVISIONAL RESIDENT VITAL STATISTICS FOR THE STATE OF MISSOURI

Item	April				Jan.-Apr. cumulative				12 months ending with April				
	Number		Rate*		Number		Rate*		Number		Rate*		
	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1998	1999	2000
Live Births	6,630	5,346	15.2	11.5	24,828	24,494	13.9	13.4	75,313	75,424	13.7	13.8	13.8
Deaths	4,519	4,223	10.4	9.1	19,939	19,935	11.2	10.9	54,026	54,951	10.0	9.9	10.0
Natural increase	2,111	1,123	4.8	2.4	4,889	4,559	2.7	2.5	21,287	20,473	3.8	3.9	3.7
Marriages	3,153	2,926	7.2	6.3	10,823	10,981	6.1	6.0	44,014	45,472	8.0	8.1	8.3
Dissolutions	1,850	2,412	4.2	5.2	8,070	9,411	4.5	5.1	25,225	25,997	4.7	4.6	4.7
Infant deaths	63	43	9.5	8.0	197	194	7.9	7.9	581	585	7.5	7.7	7.8
Population base (in thousands)	...	...	5,468	5,500	...	...	5,468	5,500	...	...	5,418	5,449	5,479

* Rates for live births, deaths, natural increase, marriages and dissolutions are computed on the number per 1,000 estimated population. The infant death rate is based on the number of infant deaths per 1,000 live births. Rates are adjusted to account for varying lengths of monthly reporting periods.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health, Center for Health Information Management & Epidemiology/Bureau of Health Data Analysis, P.O. Box 570, Jefferson City, MO 65102; phone (573) 751-6278. Hearing-impaired citizens telephone 1-800-735-2966.